

California State Board of Pharmacy

Strategic Plan



*Healthy
Californians
through
Quality
Pharmacists'
Care*

Fiscal Year
2002/03



Be Aware, Take Care: Talk to Your Pharmacist!

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Introduction

This document presents the California State Board of Pharmacy's strategic plan for 2002/03. As a working document, the plan will be revised periodically to reflect changes in consumer protection needs and emerging issues in health care. Updates on the board's progress are publicly reported at each quarterly board meeting.

Overview

The Board of Pharmacy (herein the “board”) is a consumer protection agency, charged with protecting the state’s consumers with respect to prescription drugs and devices. The board has 12 major regulatory programs that regulate both the individuals and firms that ship, store, and dispense prescription drugs and devices to the state's health care providers and patients. This is an enormously large area of the state's economy. In 1999, retail spending in California for prescription drugs was \$9.3 billion alone.¹

In the next two years, use of prescription drugs is expected to skyrocket. Estimates are that nationally between 1990 and 1999 the number of prescriptions dispensed in non-hospital settings increased by 44 percent, from 1.9 billion to 2.8 billion. However by 2004, the number of prescriptions dispensed is expected to exceed 4 billion. This growth in the number of prescriptions dispensed directly impacts the board's workload in terms of the number of applicants, licensees, complaints, and public inquiries. Moreover, this growth in prescription volume will result in a huge shortage of pharmacists, directly impacting the profession, the board as a regulator and the patients and health care providers who need prescription drugs readily available.

Over the past several decades, health care has undergone a continuous period of revolutionary change. Likewise, the practice of pharmacy has rapidly evolved in new directions as well. The result is intense pressure upon the board to change, to anticipate and certainly react to emerging issues, increasingly to seek legislative and regulation changes that will assure patient care, confidence and availability of prescription medication in the prescription drug delivery system. The board has also met this challenge in a number of additional ways, to develop new methods for licensing and enforcing our laws, and in increasing the knowledge of patients about their medications and the role of the board.

¹ According to *Prescription Drug Use and Expenditures in California, Key Trends and Drivers*, California HealthCare Foundation, April 2001.

Pharmacy Trends

Some of the pressures on pharmacy and health care in general to change are due to increasing automation, internet technology, manpower shortages, prescription drug benefit coverage, new prescription medication, “alternative medications,” increasing costs of prescription medication, an aging population with a corresponding increase in the number of prescriptions dispensed per person, drug company direct-to-consumer advertisements, and changing scopes of practice of mid-level practitioners who can prescribe or furnish. The costs of the medications themselves are increasing; between 2000 and 2001, more than one third of the increase in prescription drug costs was linked to increases in drug prices. Meanwhile cost containment continues to move patient care from hospitals to office settings to in-home care, into increasingly automated practices and to mid-level and lower level practitioners. As a result, more patients and their caregivers must learn increasing levels about their health care and medication treatment plans.

Moreover, pharmacy practice itself continues to evolve from the dispensing of prescription drugs and devices to the provision of pharmacists’ care to patients. Technology permits and encourages this shift in emphasis by facilitating the pharmacist’s role in drug utilization and consultation. And in the near future, technology will play an even more critical role in pharmacy as the demand for pharmacists’ increases to meet the increasing demand for prescription drugs of an aging population, yet the supply of pharmacists is expected to grow at a substantially slower pace.

A December 2000 Report to Congress – The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists reported a national average of 71 pharmacists per 100,000 people. However, California has an average of only 59 pharmacists per 100,000 people. Moreover, a 44 percent growth occurred in prescription volume between 1992 and 1998. This growth outpaced the increase in both the general population (7 percent) and the number of active pharmacists (12 percent).

Yet nearly 50 percent of the billions of prescriptions dispensed annually are not taken appropriately, leading to increased health care costs and substandard therapy. A study published in March 2001 found that drug-related illnesses cost the healthcare system over \$177 billion per year in ambulatory settings, more than double the estimated amount of such costs in 1995. And a projection of 4 billion prescriptions dispensed in 2004 creates an even greater incentive to improving patients’ understanding of and compliance with drug regimens.

Prescription errors endanger public safety and confidence in the health delivery system. According to the 1999 Institute of Medicine Report, there are 7,000 deaths nationwide due to prescription errors. While perhaps not all prescription errors can be wholly eliminated, there is no acceptable error rate. Prescription errors are the number one consumer complaint received by the board. Diversion of prescription drugs for illicit purposes, profit and/or self-use by health care practitioners is still a major public protection concern and an enforcement priority of the board. Patients have the right to expect that those, to whom the responsibility of prescribing and dispensing drugs is authorized, are knowledgeable and are not influenced by profit or affected by impairment. Drug diversion commands the greatest amount of board resources, including the expertise of the board's pharmacist-inspectors.

Moreover, specialized programs used to target pharmacies suspected of illicit activities are not optimally operating due to lack of staff resources. And inspections of pharmacies, probationers and all other facilities are not done routinely, only as part of an investigation.

The board's public education and outreach efforts have produced two national awards in the last six years, and the board's website contains substantial consumer information. Nevertheless, the board is not a highly visible entity to many consumers who do not know the board exists or how to contact it with inquiries. Patient privacy issues regarding the sharing of prescription information with other entities or careless handling of patient information undermine the public's trust in pharmacy as well as violate California law.

Purpose of the Strategic Plan

This strategic plan is a culmination of board planning processes. It provides a framework for the long-term decision-making of the board. The plan outlines the long-term goals, performance measures, and strategies for ensuring the success and customer satisfaction of the board as a consumer protection agency.

Plan Organization

This strategic plan includes:

- ♦ A vision statement
- ♦ A mission statement
- ♦ The board's Guiding Principles -- a description of "pharmacists' care," the model of practice endorsed by the Board of Pharmacy Goals and performance measures
- ♦ Goals
- ♦ Performance measures and indicators
- ♦ An action plan
- ♦ A description of plan update methods
- ♦ Appendices describing the board's committees

Guiding Principles

The board promotes “pharmacists’ care” as a model of practice. Pharmacists’ care is a comprehensive approach stressing the importance of pharmacists consulting with their patients, conducting patient profile reviews, managing drug dispensing and distribution, and collaborating with other health care providers. The pharmacists’ care model emphasizes increasing patients’ knowledge about their medications and stresses the importance of patients maintaining their drug regimens in close consultation with their pharmacists.

As adapted from the definition of pharmaceutical care provided by Hepler and Strand and from the American Society of Health-System Pharmacists, the Board of Pharmacy defines Pharmacists’ Care as:

The provision of medication-related care to patients. It is intended to achieve definite outcomes (cure of a disease, elimination or reduction of a patient's symptomatology, arresting or slowing of a disease process or preventing a disease or symptomatology) that improve a patient's quality of life. The following are the principal elements that must be included whenever pharmacists’ care is being provided to patients:

- 1) Pharmacists are the providers of drug information and the repository of drug therapy expertise, and as such, are available for consultation before the prescription is written. In fact, a pharmacist may decide it is best for the patient not to use a particular medication.
- 2) In providing pharmacists’ care, the pharmacist becomes the patient's advocate, being directly responsible to that patient for seeing that the patient receives a positive outcome from the medication and is protected from drug misadventures.
- 3) Pharmacists have the responsibility for therapeutic outcomes resulting from their decisions. This does not mean, however, that pharmacists are the **ONLY** authority in matters related to medication use. Pharmacists, caregivers, and other health care professionals (including prescribers, nurses, etc.) have valuable roles in medication use processes. Pharmacists’ actions in providing pharmacists’ care should be conducted and viewed as collaborative. Pharmacists have the responsibility to function as members of the health care team who lead efforts to improve patients’ medication use.

Vision

Healthy Californians through quality pharmacist's care.

Mission

The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacist's care through education, communication, licensing, legislation, regulation, and enforcement.

Goals

The Board of Pharmacy protects the public's health and safety by promoting the highest quality of pharmacists' care through education, communication, licensing, legislation, regulation and enforcement.

To achieve these objectives, the board pursues five goals:

- ♦ **Communication and Public Education:** Provide relevant information to consumers and pharmacists.
- ♦ **Licensing:** Ensure the professional qualifications of pharmacists and establish the minimum standards for board-licensed facilities.
- ♦ **Enforcement:** Exercise oversight on all pharmacy activities.
- ♦ **Legislation and Regulation:** Advocate legislation and promulgate regulations that advance the board's vision and mission.
- ♦ **Organizational Development:** Achieve the board's mission and goals.

Performance Measures

The board will use performance measures to track progress in achieving its goals, provide ongoing feedback, and to identify areas for improvement. Performance measures reflect the vision, mission, and goals of the organization and provide a common focus for achievement.

Performance measures will provide feedback for day-to-day activities as well as provide guidance for the work of the board's policy committees.

PERFORMANCE MEASURES for evaluation of public protection goals

- | | |
|--|---|
| 1. Improve Licensing Quality and Efficiency | 5. Improve Enforcement Quality and Efficiency |
| 2. Increase Consumer Awareness and Outreach | 6. Improve Customer Satisfaction |
| 3. Increase Pharmacist Care | 7. Increase Patient Satisfaction |
| 4. Achieve Legislative and Regulatory Priorities | 8. Strengthen Organizational Development |

Indicators

Each performance measure is defined by specific indicators:

PERFORMANCE MEASURE	INDICATORS
I. Licensing Quality and Efficiency	↳ Processing time
	↳ Board-developed practice guidelines
	↳ License denials
	↳ Licensee competency and continuing education
	↳ Stakeholder evaluations

PERFORMANCE MEASURE	INDICATORS
2. Enforcement Quality and Efficiency	<ul style="list-style-type: none"> ↳ Substantiated violations (e.g., drug diversion, unprofessional conduct, unlicensed activity, criminal convictions, prescription errors) ↳ Repeat offenses ↳ Resolution time for case closures ↳ Pharmacists recovery program, probation monitoring, cite and fine program activities ↳ Compliance with self inspection program ↳ Accusation efficiency (resolution time; percent sustained) ↳ Program statistics required by the Administration (consumer complaints and inquiries, mediations, investigations, inspections)
3. Consumer Awareness & Outreach	<ul style="list-style-type: none"> ↳ Consumer knowledge of pharmacists' care and of the board's jurisdiction ↳ Media coverage of board priorities and activities ↳ Media mentions on pharmacists' care
4. Customer Satisfaction	<ul style="list-style-type: none"> ↳ Timeliness of resolutions of consumer, administration, and legislative complaints ↳ Processing time ↳ Stakeholder evaluations

PERFORMANCE MEASURE	INDICATORS
5. Pharmacists' Care	<ul style="list-style-type: none"> ↗ Profile and drug utilization review ↗ Consultation (quantity and quality) ↗ Pharmacists' practice of pharmacists' care ↗ Patient awareness of pharmacists' care ↗ Patient medication compliance
6. Patient Satisfaction	<ul style="list-style-type: none"> ↗ Satisfaction with pharmacists' care and service ↗ Complaints
7. Legislative and Regulatory Priorities	<ul style="list-style-type: none"> ↗ Efficiency and effectiveness of California's pharmacy statutes ↗ Legislative contacts on pharmacy issues ↗ Sponsorship and support of pharmacists' care initiatives
8. Organizational Development	<ul style="list-style-type: none"> ↗ Public input ↗ Employee satisfaction ↗ Training ↗ Resources ↗ Automation ↗ Fiscal viability of programs

ACTION PLAN

Communication and Public Education

Goal

Provide relevant information to consumers and pharmacists.

Implementation Responsibility

Communication and Public Education Committee and Staff

Strategic Objectives	Timeline
1. Evaluate the results of the consumer survey and develop a consumer outreach plan.	July 2002
2. Evaluate the effectiveness of board outreach programs (<i>Script</i> , <i>Health Notes</i> , consumer brochures and columns, PSAs).	January 2003
3. Revise the “Notice to Consumers” poster for distribution to pharmacies.	October 2002
4. Expand consumer information available on the board’s website.	July 2003
5. Develop a schedule to revise and update consumer brochures.	July 2002
6. Obtain a freeze exemption to create a staff position to oversee the consumer education program.	July 2002

Ongoing Objectives

7. Publish the board's newsletter (*The Script*) four times a year.
8. Publish the board's monograph, *Health Notes*, at least once per year.
9. Educate the public through the media; distribution of *Health Notes*, board member public speaking activities; board-developed consumer columns; newspaper articles, and responses to oral and written inquiries.
10. Inform licensees, applicants and governmental agencies about the board, pharmacy law and regulations, practice standards, guidelines and interpretations. Prepare timely updates on changes in regulations and policies.
11. Develop outreach initiatives to respond effectively to public policy issues.
12. Participate in interactive conferences to influence specific policy issues.

Licensing

Goal

Ensure the professional qualifications of pharmacists and establish the minimum standards for board-licensed facilities.

Implementation Responsibility

Licensing Committee and Staff

Strategic Objectives	Timeline
1. Meet performance expectations for processing license applications to note deficiencies within 7 days of receipt, process deficiency documents within 3 days of receipt and issue licenses once deficiencies are corrected within 3 days.	Ongoing
2. Review the Intern program.	July 2003
3. Review the Technician Registration Program that will include the use of the Pharmacy Technician Certification Board (PTCB), supervision ratio of all ancillary personnel, and expanded duties that a PTCB registered pharmacy technician may perform.	July 2003
4. Increase the ratio on the number of clerk-typists that a pharmacist can supervise at his or her discretion.	July 2003
5. Develop language and pursue a regulation change to allow the central fill of medication orders for inpatient hospital pharmacies.	July 2003
6. Explore the feasibility of offering the California pharmacist licensure examination more than twice a year.	July 2003
7. Assist applicants preparing for the California pharmacists licensure examination by developing (or fostering the development of) educational programs and information on how to prepare for the pharmacist exam and by requesting that outside agencies (schools of pharmacy and private educational organizations) develop exam workshops that prepare applicants for the California Pharmacist Exam.	July 2003

Strategic Objectives	Timeline
8. Develop statutory language to grant the Board of Pharmacy the authority to grant waivers for innovative, technological and other practices to enhance the practice of pharmacy and patient care that would have oversight by an independent reviewing body during the study.	July 2003
9. Explore the feasibility and need to regulate Pharmacy Benefit Managers (PBMs)	July 2003

Ongoing Objectives
<p>9. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements:</p> <ul style="list-style-type: none"> ▪ Pharmacists ▪ Intern pharmacists ▪ Pharmacy technicians ▪ Foreign educated pharmacists (evaluations) ▪ Pharmacies ▪ Non-resident pharmacies ▪ Wholesaler drug facilities ▪ Veterinary food animal drug retailers ▪ Exemptees (the non-pharmacists who may operate sites other than pharmacies) ▪ Out-of-state distributors ▪ Clinics ▪ Hypodermic needle and syringe distributors <p>10. Assure that pharmacists fulfill continuing education requirements via diversity of available programs and through compliance audits.</p> <p>11. Evaluate the license application process to prevent enforcement problems and reduce application review time; implement improvements to the processing of applications consistent with protection of public health and safety; determine distribution of resources among program components.</p> <p>12. Cashier all application and renewal fees promptly.</p> <p>13. Provide accurate verification of licensure and other public record information requested regarding board licenses.</p> <p>14. Assure the public safety by approving waivers of licensing requirements pursuant to Business and Professions Code Sections 4118, 4137, 4197, and California Code of Regulations Section 1717.</p>

Ongoing Objectives	
15.	Provide accurate and prompt oral and written information about licensing requirements and consumer protection law.
16.	Review and make recommendations to revise the Pharmacy Law and the board's regulations to reflect current practice.
17.	Continuously review and develop written exams to ensure they fairly and effectively test the knowledge, skills and abilities of importance to the practice of pharmacy in California.
18.	Evaluate the distribution channels of dangerous drugs and dangerous devices from manufacturing to patients to ensure the maintenance of drug efficacy, integrity, and accountability.

Enforcement

Goal

Exercise oversight on all pharmacy activities.

Implementation Responsibility

The Enforcement Committee and Staff

Strategic Objectives	Timeline
1. Meet performance expectations of 90 days for complaint mediations and investigations and 6 months for drug diversion investigations that require an audit.	July 2003
2. Continue active recruitment of inspectors so that all authorized inspector positions remain filled.	July 2003
3. Reduce enforcement prosecution time to one year from the date the board refers the case to the Attorney General's (AG) office by actively managing cases and preparing boilerplate language for draft accusations and stipulations.	July 2003
4. Seek legislation to mandate that the Board of Pharmacy perform periodic inspections of all board-licensed facilities.	January 2004
5. Pursue permanent funding to increase Attorney General expenditures for the prosecution of board administrative cases.	July 2003
6. Establish a disciplinary cause of action for fraud convictions similar to current cash compromise provisions related to controlled substances.	January 2004
7. Secure sufficient staffing for a complaint mediation team and to support an 800 number for the public.	July 2003
8. Integrate data obtained from computerized reports into drug diversion prevention programs and investigations (CURES, 1782 Reports).	January 2003
9. Re-establish the CURES workgroup that includes other regulatory and law enforcement agencies to identify potential controlled substance violations and coordinate investigations.	January 2003

Strategic Objectives	Timeline
10. Seek legislation to grant authority to the executive officer to issue a 30-day Cease and Decease Order to any board-licensed facility when the operations of the facility poses an immediate threat to the public.	January 2004
11. Perform a comprehensive review of the electronic prescribing laws related to the dispensing of controlled substances and dangerous drugs to determine those areas of law that need modification	January 2004
12. Develop board-sponsored continuing education programs for pharmacists in the area of pharmacy law and the expectations of the pharmacist-in-charge and coordinate presentations at local and annual professional association meetings throughout California.	January 2004
13. Explore the options for restitution to the consumer for prescription error consumer complaints.	January 2003

Ongoing Objectives

14. Mediate consumer complaints.
15. Investigate consumer complaints and other alleged violations of pharmacy law.
16. Inspect licensed premises to educate licensees proactively about legal requirements and practice standards to prevent serious violations that could harm the public.

Prosecute administratively and criminally the most serious violations where drug diversion, self-use or potential or actual public harm resulted from the licensee's actions.
17. Prosecute administratively and criminally the most serious violations where drug diversion, self-use or potential or actual public harm resulted from the licensee's actions.
18. Manage administrative cases and cases under investigation to resolve them expediently and consistently with the board's enforcement priorities.
19. Administer effective alternative enforcement programs to ensure public protection (Pharmacists Recovery Program, probation monitoring program, citation and fine program).
20. Pursue criminal convictions of the most egregious violations, using specialized investigators in the department's Division of Investigation.
21. Identify and remove impediments to efficient enforcement.
22. Improve public service of the Consumer Inquiry and Complaint Unit.
23. Automate processes to ensure better operations and integrate technology into the board's investigative and inspection activities.
24. Cooperate with other federal, state and local law enforcement agencies to pursue effective enforcement of pharmacy law.
25. Respond to specialized information requests from other boards and agencies about board programs, licensees (e.g., subpoenas) and Public Records Act requests.

Legislation and Regulation

Goal

Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.

Implementation Responsibility

Legislation and Regulation Committee and Staff

Strategic Objectives	Timeline
1. Secure the passage of legislation extending the board's sunset date.	September 2003
2. Revise the Notice to Consumers required by 16 CCR section 1707.2	September 2002
3. Promulgate a regulation protecting financial records submitted to the board as part of a site license application as confidential documents.	July 2003
4. Promulgate a regulation to permit pharmacies to depot drugs for delivery to patients at non-pharmacy locations where the patient receives health care services.	July 2003
5. Promulgate expanded citation and fine regulations permitting citation and fine for violations of the Confidentiality of Medical Information Act and for Internet violations.	August 2002
6. Revise regulations concerning electronic prescribing to conform to AB 2240, and require that the pharmacist confirm the authenticity of any electronic prescription in which there is an uncertainty or ambiguity.	July 2003
7. Initiate regulations to specify the procedure for foreign pharmacy graduates who cannot obtain transcripts to become eligible to take the pharmacist licensure examinations.	July 2003
8. Conform board regulations regarding partial filling of Schedule II substances with statutory changes to Schedule II prescription requirements.	July 2003

Strategic Objectives		Timeline
9.	Promulgate a regulation for standards for sterile compounding of drug products.	January 2003
10.	Revise regulations to make technical corrections required by recent legislation.	January 2003
11.	Promulgate a regulation recognizing continuing education credits for courses approved by other health care licensing boards.	March 2003
12.	Hold two public meetings annually to develop board proposals for legislation and regulation changes, and to recommend policy positions on introduced legislation.	October 2002 and March 2003

Ongoing Objectives	
13.	Promote the board's policy positions on pending legislation.
14.	Advocate the board's role in promoting public protection regarding pharmacists' care and dispensing of dangerous drugs and devices.
15.	Pursue legislation and regulations that provide consumer protection while minimizing intrusion on the marketplace, to the extent possible.
16.	Undertake continual review of statutes and regulations to assure they reflect actual pharmacy practice and provide a consumer protection focus.
17.	Promote and advocate legislative or regulatory changes to keep pharmacy requirements current and consistent with the board's strategic purpose.
18.	Participate in local, state and national forums to advocate the public interest in emerging policy and regulatory areas regarding pharmacists' care and the dispensing of dangerous drugs and devices.

Organizational Development

Goal

Achieve the board's mission and goals.

Implementation Responsibility

Organizational Development Committee, The Communications Team and Management

Strategic Objectives	Timeline
1. Pursue budget change proposals to meet identified program needs.	July 2002
2. Reorganize the board's management structure to oversee board programs and staff.	January 2003
3. Pursue regulatory changes to require inspectors to file annual conflict of interest statements with the Fair Political Practices Commission.	July 2003
4. Manage the board's financial resources to ensure fiscal viability and program integrity.	July 2003
5. Perform a feasibility study to establish the board's own computer system to track licensees and enforcement activities.	June 2003
6. Redesign and reformat the board's strategic plan into the new strategic management plan structure.	June 2003

Ongoing Objectives

6. Ensure management systems provide adequate staff compensation, regular performance monitoring and enhancements, optimize implementation of the strategic plan and improve decision-making.
7. Continue the Communications Team (TCT) to facilitate and improve communications within the board.
8. Link policy, strategic plan, and budgeting and develop a reporting strategy.
9. Improve procedures to support quality improvement efforts, implement strategic objectives, create team approaches and improve decision-making.
10. Ensure that staff development and resource management support organizational effectiveness.
11. Maintain and upgrade automated systems to keep the board current with evolving technology.
12. Activate and integrate data collection and analysis to support strategic planning, including performance measurement and process improvement studies.
13. Form task-specific process review teams to improve operations.

Process For Updating The Plan

The board will annually update its strategic plan to improve its performance and respond to external changes and trends.

Annual Progress and Trend Assessment

Each year the board will meet to assess progress on implementation of the strategic plan. This meeting will include an “environmental scan” of external developments, for example, trends in health care, economics, politics, technology and demography. The board will also review its effectiveness as reflected in changes in its strategic performance measures (see page 5). Based on these reviews, the board will adjust its objectives and actions to address any important changes or implementation issues.

The annual planning meeting will be held in April in order to provide direction on budget development. The board will review its performance measures in order to determine budget priorities for the upcoming fiscal year.

Comprehensive Plan Updates

The board will also conduct comprehensive updates of the plan on a 3-4 year cycle. The next such review is planned for 2006. The purpose of the comprehensive update is to evaluate multi-year performance data and the effectiveness of the board’s strategic planning framework, i.e., its vision, mission, goals, and strategies. The comprehensive update also allows the board to intensively assess long-term trends and issues.

APPENDICES

Board Committees

Board Committees

The Board of Pharmacy has five policy-development committees, each of which corresponds to a board mission-related goal (see graphic on the next page):

- ♦ Enforcement
- ♦ Communication and Public Education
- ♦ Licensing
- ♦ Legislation and Regulation
- ♦ Organizational Development

Overview of Board Committees

Each of the five committees is comprised of at least two board members who are assisted by staff members. The staff provides technical and administrative input and support. The committees are an important venue for ensuring that staff and board members share information and perspectives in crafting and implementing strategic objectives.

One of the board members is designated as the chairperson to coordinate the committee's work and ensure progress toward the board's priorities. Committee terms are preferred to be for two years, although the board president is empowered to assign committee members to any committee, so the terms may be other than for two years. Depending on board member interest, each committee may have a public board member.

The board also has two committees with responsibilities for pharmacist licensure examinations and compliance. The Competency Committee develops and grades two California pharmacist licensure exams annually, and the Citation and Fine Committee issues fines for violations of any pharmacy law.

Committee Purposes and Responsibilities

The board's committees allow board members and staff to discuss and conduct problem solving on issues related to the board's strategic goals. They also allow the board to consider options for implementing components of the strategic plan.

The committees are charged with coordinating board efforts to reach board goals and achieve positive results on its performance measures. The committees refer policy decisions to the full board.

Public Input and Committee Reporting

The committees will provide written and oral reports to the full board at each board meeting. The committee reports will cover progress on achieving board strategic objectives. The written reports will be distributed with the board packets to other board members and the public.

The committees are charged with ensuring public input throughout the information gathering and policy-development process. Much of this input will be gathered at board meetings, where the public will have scheduled opportunities to comment on the committee reports. In addition, the committees will consult with stakeholders and members of the public throughout the stages of issue development and resolution through a variety of methodologies (e.g., workshops, task forces, public meetings, etc.). The committees will also hold at least one publicly noticed meeting each year with prior distribution of the committee agenda.